

KHSC's Safety Plan		
Department Name:		Hours of Work:
Site/Location:		Work Phone Number:
Description of Duties:		
Criteria	Response	Plan?
For employees working alone/remotely, consider these other risk factors. If any of the factors are present, a plan must be documented and put in place.		
Length of Time The employee works alone/remotely for more than 2 hours.	Yes / No	
Additional Hazards The employee will be working: <ul style="list-style-type: none"> • with hazardous chemicals? • at heights? • late at night? • with medications/narcotics? • with money? • driving as part of their work? 	Yes / No	
Medical Concerns The employee has medical concerns that may require special planning.	Yes / No	
Communication Plan: (Frequency, method, who is responsible, overdue call in response)		
Equipment Required: <input type="checkbox"/> YES <input type="checkbox"/> NO Specify:		
Training Required: <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Training: / /		
In the event of an emergency: (Who should the employee contact and how?)		
Employee Signature:		Date:
Supervisor Signature:		Date:

	Site/Location	Hazard Assessment	Hazard Control	Training/Communication		
Criteria:	Location where the employee will be working.	Identification of the risks or hazards associated with the work to be performed or the environment where the work is to be done	Procedures to eliminate or minimize the identified risks (e.g. buddy system)	Methods of communication by which the employees can secure emergency assistance and how the emergency assistance will be provided in the event of an incident.	The length of time an employee may be out of contact with a supervisor (e.g. the frequency of regular communication)	Confirmation of where and when working-alone situations are/are <u>not</u> permitted
Example:	Working overnight in the WJHCPOR	<ul style="list-style-type: none"> Employee is the only member of their research team working at that time. There is no one in the area or available for immediate response to a situation. Employee has non-life threatening medical condition(s) 	Set up a scheduled time for employees to check in with one another, with a supervisor or with security (e.g. employee will contact security every 2 hours as indicated in the above plan).	Wearing of a hands free telephone receiver or panic alarm.	Communicate with pre-determined buddy as indicated every 1, 2, or 4 hours as assessment dictates.	Review the plan. Sign off by employees stating that they are aware of hazards, what interventions are available and they are familiar with how to get assistance.

RISK RATING CHART

		Severity			
		Catastrophic	Serious	Moderate	Minor
Probability	Very Likely	Very High	High	High	Medium
	Likely	High	High	Medium	Low
	Unlikely	High	Medium	Medium	Low
	Remote	Medium	Low	Low	Negligible